

United States District Court
Southern District of California
880 Front St.
Room 4290
San Diego, Ca. 92101-8900
RECEIVED
JUN 2 10
U.S. DISTRICT COURT
SOUTHERN DISTRICT OF CALIFORNIA
ED
DEPUTY

'08 CV 0976 WQH CAB

Eufemia Alamo Ramirez
Plaintiff

V.

Federal Bureau of Prisons
Western Regional Office
Defendant

From: Metropolitan
Correctional Center
801 Union St.
San Diego, Ca.
92101

To: Federal Bureau of Prisons
Western Regional Office
7338 Shoreline Drive
Stockton, Ca.
95219

1 YOUR NAME

2 YOUR ADDRESS

3 YOUR TELEPHONE NUMBER

Eufemia Alamo Ramirez - 95284-198
808 Union St., San Diego, Ca. 92101
619-414-7738
message telephone

4
5
6
7
8 UNITED STATES DISTRICT COURT

9 SOUTHERN DISTRICT OF CALIFORNIA

10 (Must start on line 8 or below)

11 *Eufemia Alamo Ramirez*
12 *Plaintiff*

13 '08 CV 0976 WQH CAB

14 Case No. _____

(To be assigned at time of filing)

15 *Federal Bureau of*
Prisons
16 *Western Regional Office*

COMPLAINT FOR (Brief description of document)

17 Plaintiff alleges: *I sustained noticeable permanent de-*
18 *formity, loss of maximum function of my*
19 *left forearm, and continued pain and dis-*
20 *comfort due to a fall June 27, 2006 at*
21 *Metropolitan Correctional Center, 801 Union*
22 *St., San Diego, California, 92101.*23 *I fell on a walkway on a heavy, thick*
24 *slippery wax stripper applied on the floor.*
25 *The walk way was smeared with thick che-*
26 *mical solute adjacent to the work area*
27 *and I slipped with my body sprawling on*
28 *the pool of slippery thick wax stripper. my*

jumpsuit was sapped with thick chemical
solute. I used my left hand and forearm
to brace my head from a sudden fall
to the floor. The orderlies assigned to
the job were absent leaving the work area
unattended. Their purpose was to allow
time for the thick chemical to dissolve
the old wax. There was no sign of "wet
floor" on the stairway coming down to
the walk way. Since then Metropolitan
Correctional Center changed their wax
stripper brand to a liquid stripper.

My forearm continued to ache espe-
cially during the night and I continued
to be prescribed Naproxen tablet to alay
my discomfort. I lost full strength
of my forearm and I tend to favor
my right forearm when I had to do
things to save my injured arm of
discomfort.

I was ordered by the doctor physical
therapy but was not provided since
the facility was not able to provide
me access to The physical Therapist.
I therefore sought remuneration due
to the facility's neglect that caused
my lifetime suffering and deformity.

**CLAIM FOR DAMAGE,
INJURY, OR DEATH**

INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.

FORM APPROVED
OMB NO.
1105-0008
EXPIRES 4-30-88

1. Submit To Appropriate Federal Agency:

WESTERN REGION OFFICE
7950 DUBLIN BLVD.
THIRD FLOOR
DUBLIN, CA 94568

2. Name, Address of claimant and claimant's personal representative, if any.

(See instructions on reverse.) (Number, street, city, State and Zip Code)
Eufemia Alamo Ramirez 95287-198
Metropolitan Correctional Center
808 Union St.,
San Diego, Ca., 92101

3. TYPE OF EMPLOYMENT

☐ MILITARY ☐ CIVILIAN

4. DATE OF BIRTH

9/14/1936

5. MARITAL STATUS

Married

6. DATE AND DAY OF ACCIDENT

June 27, 2006

7. TIME (A.M. OR P.M.)

1:00 pm

8. Basis of Claim (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof) (Use additional pages if necessary.)

Fell on the walkway and dragged to the heavily application of wax remover solution floor. My back of my uniform was sapped with the solution. I used my forearm to brace my head from hitting against the cement; sustained a left distal radial fracture. My whole arm had severe swelling and hematoma for days. I waited 5 days for the cast to be applied to immobilize my arm. Some inmates have dragged wax stripper to the walkway which made me stepped which caused my fall. This happened at the Metropolitan Correctional Center of San Diego. Eufemia Alamo Ramirez-injured party.

9.**PROPERTY DAMAGE**

NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, street, city, State, and Zip Code)

N/A

BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED. (See instructions on reverse side.)

N/A

10.**PERSONAL INJURY/WRONGFUL DEATH**

STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE NAME OF INJURED PERSON OR DECEDENT.

Fractured of the left distal radial forearm. Sustained swelling, hematoma, and severe pain. Still having some pain, continued to be on pain medication.

11.**WITNESSES****NAME****ADDRESS (Number, street, city, State, and Zip Code)**

Nancy Soria

808 Union Street, San Diego, Ca. 92101

12. (See instructions on reverse)**AMOUNT OF CLAIM (In dollars)****12a. PROPERTY DAMAGE**

N/A

12b. PERSONAL INJURY

\$60,000.00

12c. WRONGFUL DEATH

N/A

12d. TOTAL (Failure to specify may cause forfeiture of your rights.)

\$60,000.00

I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE ACCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM

13a. SIGNATURE OF CLAIMANT (See instructions on reverse side.)

Eufemia Alamo Ramirez

13b. Phone number of signatory

619-475-8932

14. DATE OF CLAIM

July 13, 2007

**CIVIL PENALTY FOR PRESENTING
FRAUDULENT CLAIM**

The claimant shall forfeit and pay to the United States the sum of \$2,000, plus double the amount of damages sustained by the United States. (See 31 U.S.C. 3729.)

**CRIMINAL PENALTY FOR PRESENTING FRAUDULENT
CLAIM OR MAKING FALSE STATEMENTS**

Fine of not more than \$10,000 or imprisonment for not more than 5 years or both. (See 18 U.S.C. 287, 1001.)

Guferria Alamo Ramirez
Metropolitan Correctional Center
808 Union St., San Diego,
California, 92101

Billing Statement

Permanent Deformity with pain	\$ 30,000.00
Loss of function of my left arm for Life	\$ 30,000.00
Pain and suffering for Life	\$ 30,000.00
	<hr/>
Total	\$ 90,000.00

BP-A148.055

SEP 98

INMATE REQUEST TO STAFF

Incident Report

U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member)	DATE: June 27, 2006
FROM: <i>Guillermo Alamo Ramirez</i>	REGISTER NO.: 95287-198
WORK ASSIGNMENT:	UNIT: 5 E

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

June 27, 2006 @ 1:00pm I was making my regular walking exercise. I was in range 4 and I noticed sign of caution close to doors of the rooms with wire stripper on the floor, job unattended, and some of the wire stripper had been dragged to the walk way area especially going to the telephone area. I happen to step on that small spot and threw me off balance. I landed on my whole weight on a tiled cement my left hand and arm
 Officer as duty - Mr. Nori (Do not write below this line) over

DISPOSITION:

Signature Staff Member	Date
------------------------	------

Record Copy - File; Copy - Inmate
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86
and BP-S148.070 APR 84

FILE IN SECTION 6 UNLESS APPROPRIATE FOR PRIVACY FOLDER

SECTION 6

BP-A148.055

SEP 98

INMATE REQUEST TO STAFF

U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) <i>Mr. Jura - Warden</i>	DATE: <i>June 28, 2006</i>
FROM: <i>Eufemia Ramirez</i>	REGISTER NO.: <i>95287 198</i>
WORK ASSIGNMENT:	UNIT: <i>5 E</i>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

I had a broken arm due to a fall June 27, 2006 at 100pm. I was confirmed as fractured. I took my prescribed pain medication at 8pm, but the pain was so excruciating I was not able to sleep. My arm was swollen. I was going to take Tylenol to assist with the motion and ice pack. I watched for the Co at about 200pm, but unable to spot him. I waited. at 500am, when some ladies have to go to court. I knocked at the window and the Co was notified. I motioned to open to get ice; got assistance to open my Tylenol bottle and maybe peel my apple so I can take my pill with food. Mr. Zin on duty said, "no you cannot be out until 600am. you have to wait." I said but

DISPOSITION:

I am in pain." He said, "It is not my fault that you are in jail." I had no sleep and was in pain that night. Actually I was the wrong person for this comment since US has no case with me. I had not done unlawful offense with US. I am just cooperating with extradition process to Mexico. In due respect, I just kept quiet. This suffering was due to slippery floor of MCC. I do not feel I deserve this disrespect with this suffering. Ramus, Eufemia Ramirez

Signature Staff Member

Date

Record Copy - File; Copy - Inmate
(This form may be replicated via WP).

This form replaces BP-148.070 dated Oct 86
and BP-S148.070 APR 94

FILE IN SECTION 6 UNLESS APPROPRIATE FOR PRIVACY FOLDER

SECTION 6

RESPONSE TO INMATE REQUEST TO STAFF MEMBER

INMATE RAMIREZ, EUFEMIA ALAMO
REGISTER NUMBER: 95287-198
UNIT: CORONADO
FLOOR: E-UNIT

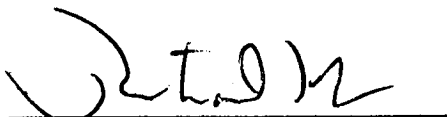
This is in response to your Inmate Request to Staff Member dated June 28, 2006, in which you state the unit officer refused to allow you out of your cell to take prescribed medication. Specifically, you claim that on the morning of June 27, 2006, at approximately 5:00 a.m., you knocked on your cell door in an effort to get the staff members attention. When the staff member came to the door, you requested to be allowed out of your cell and be permitted to eat breakfast early. This would allow you to take your pain medication, Motrin and Tylenol, for a fractured arm. You stated the staff member refused to allow you out of your cell and informed you that you would have to wait until 6:00 a.m.

A review of your allegation reveals you were prescribed Motrin by medical staff at this facility for the pain in your arm. Medical staff indicated there was no reason for you to be permitted out of your cell prior to 6:00 a.m. on the morning of June 27, 2006. The Motrin could have been taken after this time period. You were not issued a prescription for Tylenol as mentioned in this request.

Therefore, there is insufficient evidence to support your claim that staff acted unreasonable by not allowing you out of your cell prior to 6:00 a.m.

If you are not satisfied with this reply, you may submit an appeal through the Administrative Remedy Program within 20 days of the date of this response.

I trust this addresses your concerns.



R.T. Luna
Warden, MCC San Diego

7-10-06
Date

July 26, 2006

Mr. RT Luna

Warden, MCC San Diego

only
com

Dear Sir:

I received your letter dated July 10, 2006 yesterday 7/25/2006 in response to my complaint regarding my request for assistance to relieve me of pain on my left arm as a result of a fall June 27, 2006. My arm and hand were swollen, with hematoma, and ^{very} painful.

My request was to get one of the inmates preparing for court to assist me with opening of the Tylenol bottle, peel my apple, and fill up my bag with ice.

I was prescribed motrin 3 times a day which was scheduled 8⁰⁰ AM; 12⁰⁰ noon and 8⁰⁰ pm. Between 12 midnight to 8⁰⁰ AM. a span of 8 hours - there was no motrin coverage but Tylenol which was also prescribed to me for discomfort. At 2⁰⁰ AM. the pain was getting intense. I waited until 5⁰⁰ AM. hoping I can get one of the inmates to assist. Tylenol bottle cap needed to be pushed down while turning the bottle at the same time. I tried to do this between my knees but no success. I called for assistance with my small tray containing Tylenol, small apple and a plastic bag for the ice. on my right hand and courteously requested

(2)
to have one of the ladies assist me. I was told to wait until 600 a.m. I courteously said "I am in pain and needed assistance." The officer said, "No, it is not my fault that you are in jail." This was said loud within the hearing of the two inmates on both sides of the room I was in. I did not ask for breakfast. All I need was an apple to be peeled to munch and eat with my medications; opening the bottle of tylenol and some ice. If opening my door would take another hour I would have gladly waited in pain but not to be told that it was my fault to be in jail. In the first place my being here is not because I disobeyed the US Law.

Your officer did what he needed to do. He did not disobey the rules and regulations and this I do not question. I also have the right to relieve me of my pain. I was terribly suffering ^{seriously} that time. I did not ask anyone to bend the regulations if that's the rule but I distaste the comment "it is not my fault that you are in jail." This was not necessary.

All your officers who worked here for 3 and a half months ^{longer} were doing what they are supposed to do. It is probably one in a thousand times that an inmate ^{got} injured in the facility and in pain like what I had to go through.

This is not a letter of appeal but
to clarify points which was contrary to
my original letter.

I will greatly appreciate to close
this issue.

Very sincerely yours,
Eusebia P. Pineda

SEP 98

INMATE REQUEST TO STAFF

TO: (Name and Title of Staff Member) Mr. Para - Warden	DATE: June 28, 2006
FROM: Eugenia Ramirez	REGISTER NO.: 95287 198
WORK ASSIGNMENT:	UNIT: 5E

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

I had a broken arm due to a fall June 27, 2006 at 1:00pm. X-ray confirmed as fractured. I took my prescribed pain medication at 8:00pm, but the pain was so excruciating I was not able to sleep. My arm was swollen. I was going to take Tylenol to assist with the motion and ice pack. I watched for the CO at about 2:00am, but unable to spot him. I waited at 5:00am, when some ladies have to go to court. I knocked at the window and the CO was notified. I motioned to open to get ice, get assistance to open my Tylenol bottle, and maybe peel my apple so I can take my pill with food. Mr. Zin on duty said, no you cannot be out until 6:00am. I said coarsely "I am in pain and arm swollen. He said "It is not my fault that you were in jail!"

DISPOSITION:

Signature Staff Member

Date

Record Copy - File; Copy - Inmate
(This form may be replicated via WP).

This form replaces BP-148.070 dated Oct 86
and BP-5148.070 APR 94

FILE IN SECTION 6 UNLESS APPROPRIATE FOR PRIVACY FOLDER

SECTION 6

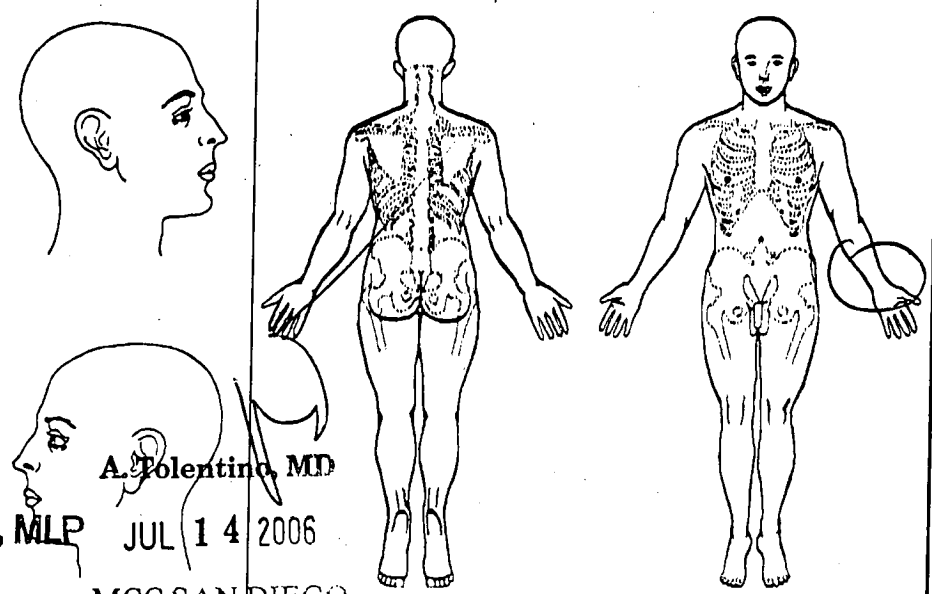
actually, I was the wrong person for this commitment
since US has no case with me. I had not done
unlawful offense with US. neither Mexico which I am
fighting for this. (extradition)

In due respect, I just kept quiet. This suffering
was due to slippery floor in MCC. I do not feel
I deserve this disrespect with this suffering.

Thanks,
Eugenio Ramirez

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

INMATE INJURY ASSESSMENT AND FOLLOWUP
(Medical)

1. Institution MCC SDC	2. Name of Injured Remigio Enriquez	3. Register Number 95207-198
4. Injured's Duty Assignment Unassigned	5. Housing Assignment SS	6. Date and Time of Injury 6/27/06 1300
7. Where Did Injury Happen (Be specific as to location) SS	Work Related? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8. Date and Time Reported for Treatment 6/27/06 1400
9. Subjective: (Injured's Statement as to How Injury Occurred)(Symptoms as Reported by Patient) The floor was wet while I did not see I fell first on my side and used my forearm to brace my weight; I was flat on my the floor with all my weight. Eugenio G. Remy Signature of Patient		
10. Objective: (Observations or Findings from Examination) (+) swelling on the (L) distal third of the Forearm (+) pain on movement of the (L) wrist		X-Rays Taken no Not Indicated X-Ray Results
11. Assessment: (Analysis of Facts Based on Subjective and Objective Data) R/O Fracture of the Wrist		
12. Plan: (Diagnostic Procedures with Results, Treatment and Recommended Follow-up) Splint applied for X-ray (L) forearm. Monitor swelling Take X-ray one day		
13. This Injury Required: <input type="checkbox"/> a. No Medical Attention <input checked="" type="checkbox"/> b. Minor First Aid <input type="checkbox"/> c. Hospitalization <input type="checkbox"/> d. Other (explain) <input type="checkbox"/> e. Medically Unassigned <input type="checkbox"/> f. Civilian First Aid Only <input type="checkbox"/> g. Civilian Referred to Community Physician J. [Signature] Signature of Physician or Physician Assistant	 A. Tolentino, MD JUL 14 2006 MCC SAN DIEGO	

Original - Medical File

Canary - Safety

Pink - Work Supervisor (Work related only)

Goldenrod - Correctional Supervisor

Self Carboned Form - If ballpoint pen is used, PRESS HARD

METROPOLITAN CORRECTIONAL CENTER
808 UNION STREET
SAN DIEGO, CA 92101

BP-362(60)

SEP 98

INMATE REQUEST TO STAFF - Incident Report

U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member)	DATE: June 27, 2006
FROM: Eufemia Ramirez	REGISTER NO.: 95287-198
WORK ASSIGNMENT:	UNIT: 5 E

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

June 24, 2006 @ 1000 AM. I was making my regular walking exercise. I was in Range 4 and I noticed a barricade between about 2 feet along the rooms with water and soap; somehow some of the soap and wax strips were could have been dragged outside the barricaded area by the occupants. I happened to step on that small object and threw me off balance. I landed my whole weight on the tiled cement with my hand and arm.

officer - Mr. Neri - (Do not write below this line)

DISPOSITION:

I did not witness Mrs. Eufemia Ramirez fall since the place was not attended by the workers, but I assisted her to get up from the floor where she sprawled flat on the floor. She was in pain; reported to Mr. Neri the Correctional Officer immediately. Medical was called as emergency. The severe pain was in the left arm.

X. Nancy Doria

Signature Staff Member

Date

Record Copy - File; Copy - Inmate
(This form may be replicated via WP).

This form replaces BP-148.070 dated Oct 86
and BP-5148.070 APR 94

FILE IN SECTION 6 UNLESS APPROPRIATE FOR PRIVACY FOLDER

SECTION 6

breaking my knee began to pull from hitting the tiled floor. There were no attendants on that work area and I fell without anyone. I sat up and called for help. Luckily, Nancy Suria came to help me up to get to the stairway. She called for the office. I was in severe pain but was in a state of shock on how fast I fell sprawling on the floor. I realized my left forearm and hand were in pain. Then it started swelling. I grabbed the bag of ice to pack the hurt area and took 2 tylenols to allay the pain. I was brought to Medical floor, X-rayed, splinted and provided sling to keep my forearm and hand on upright position. There was hematoma on the lateral aspect of my forearm. Ibuprophen 800 mg. ^{medial} 3 x a daily was prescribed with Zanax 1 tablet twice a day for my stomach since I had history of gastric ulcers. Had general body aches.

The prescribed medications helped with the day pain but the night pain was still persistent. I tried to use tylenol 11 tabs of 4 hours to Supplement.

June 28, 2006. I did not sleep all night due to pain; trying to pack with ice but no ice was available during evening. Swelling increased and black and blue hematoma on the medial aspect of the forearm.

June 29, 2006. In the afternoon I sent a call sick request since there was no follow-up to my arm.

June 30, 2006 - I was arranged to go to Alvarado Sport's Clinic for re-evaluation, review of the X-ray and extent of the forearm injury. It was decided ~~no~~ surgery was necessary. Plaster cast was applied, able to move fingers and thumb. It still hurts swelling still present and pain upon movement of fingers; exercise done within the hour after taking pain medications.

July 1, 2006 - Cast mobilization helped in the reduction of pain but continued to swelling and some pain.

July 2, 2006 continued to take pain pill as prescribed; swelling on left thumb (base) to tolerance.

July 3, 2006 - Exercise on fingers started;

July 4, 2006 - Fingers pass on the injured arm; suspended arm on a sling.

July 6, 2006 - Arm re-hoisted. Pain subsiding but still uncomfortable.

July 10, 2006 - US Marshall brought me to Alvarado Sport Clinic for Dr. Meyer to re-examine the broken arm. Series of X-rays were done. Prescribed Tylenol prn for pain; scheduled to be seen in 6 weeks.

July 15, 2006 - Unable to use fingers freely. Exercise only when pain medication takes effect.

July 30, 2006 - still on Motrin 3 x a day and Tylenol during the night.

Aug 5, 2006 - The whole arm still hurts upon arm rotation.

Aug 9, 2006 - cast on the arm holding on; pain in the arm on rotation; circulation shows some improvement.

September 5, 2006 the cast was removed. The arm started to having pain again. The forearm continued to be elevated. Not in normal position. Hurts upon motion. Physical Therapy was ordered but unable to go to Professional since there is no transportation arranged. Do Self therapy. October 2006 Pain medications renewed.

January 2007- Due to cold weather, spasm of the arm persist. Medical Department notified.

Bone healed but the deformity is still present.

Pain is maintained by the pain medications.

NSN 7540-00-834-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)	
6/6/06	S: See Injury Report.	
DATE/TIME	Are you in pain: <u>Yes</u> / No If yes answer the following:	
0930	Intensity: 1 2 3 4 5 <u>6</u> 7 8 9 10 (circle one)	
	Location:	
	Quality / Pattern of Radiation:	
	Onset, Duration and Pattern:	
	Impact on Daily Living:	
	Alleviating & Aggravating Factors:	
	Pain Hx. :	
	O: See injury report.	
	A: See Injury Report.	
	P: See Injury Report.	
	<p><i>Lower back pain</i></p> <p><i>Tylenol 325 mg 2 tabs 3x a day</i></p> <p><i>#24</i></p> <p><i>gmc</i></p> <p>Patient educated on Medication(s) per protocol</p> <p>Comprehension level is satisfactory. OR</p> <p>Not Satisfactory. Referred for additional education</p> <p>Virgilio D. Canagay Physician Assistant</p> <p><i>gmc</i></p> <p>JUN 07 2006</p> <p>FOIA/PRIVACY ACT SENSITIVE</p>	

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO.	WARD NO.

Ramirez, Eufemia
A5287-198
a1.4/36

CHRONOLOGICAL RECORD OF MEDICAL CARE
 Medical Record
 STANDARD FORM 600 (REV. 6-97)
 Prescribed by GSA/ICMR
 FIRM (41 CFR) 201-9.202-1
 METROPOLITAN CORRECTIONAL CENTER

No reforms when I feel; the job was not attended.

Paul Ramsey

JS44

(Rev. 07/89)

CIVIL COVER SHEET

The JS-44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON THE SECOND PAGE OF THIS FORM.)

I (a) PLAINTIFFS

Eufemia Almo Ramirez

(b) COUNTY OF RESIDENCE OF FIRST LISTED PLAINTIFF San Diego
(EXCEPT IN U.S. PLAINTIFF CASES)

DEFENDANTS

Federal Bureau of Prisons, Western Regional Office

COUNTY OF RESIDENCE OF FIRST LISTED DEFENDANT San Diego
(IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND

(c) ATTORNEYS (FIRM NAME, ADDRESS, AND TELEPHONE NUMBER)

Pro Se

ATTORNEYS (IF KNOWN)

II. BASIS OF JURISDICTION (PLACE AN X IN ONE BOX ONLY)

- ☐ 1 U.S. Government Plaintiff ☒ 3 Federal Question
(U.S. Government Not a Party)
- ☐ 2 U.S. Government Defendant ☐ 4 Diversity (Indicate Citizenship of Parties in Item III)

III. CITIZENSHIP OF PRINCIPAL PARTIES (PLACE AN X IN ONE BOX FOR PLAINTIFF AND ONE BOX FOR DEFENDANT)

- | | PT | DEF | | PT | DEF |
|---|----------------------------|----------------------------|---|----------------------------|----------------------------|
| Citizen of This State | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | Incorporated or Principal Place of Business in This State | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| Citizen of Another State | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | Incorporated and Principal Place of Business in Another State | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 |
| Citizen or Subject of a Foreign Country | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | Foreign Nation | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |

IV. CAUSE OF ACTION (CITE THE US CIVIL STATUTE UNDER WHICH YOU ARE FILING AND WRITE A BRIEF STATEMENT OF CAUSE. DO NOT CITE JURISDICTIONAL STATUTES UNLESS DIVERSITY).

42 U.S.C. 1983

V. NATURE OF SUIT (PLACE AN X IN ONE BOX ONLY)

CONTRACT	TORTS		FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES
<input type="checkbox"/> 110 Insurance <input type="checkbox"/> Marine <input type="checkbox"/> Miller Act <input type="checkbox"/> Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excl. Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veterans Benefits <input type="checkbox"/> 160 Stockholders Suits <input type="checkbox"/> Other Contract <input type="checkbox"/> 195 Contract Product Liability	PERSONAL INJURY <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury	PERSONAL INJURY <input type="checkbox"/> 362 Personal Injury-Medical Malpractice <input type="checkbox"/> 365 Personal Injury - Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability PERSONAL PROPERTY <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability	<input type="checkbox"/> 610 Agriculture <input type="checkbox"/> 620 Other Food & Drug <input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 630 Liquor Laws <input type="checkbox"/> 640 RR & Truck <input type="checkbox"/> 650 Airline Regs <input type="checkbox"/> 660 Occupational Safety/Health <input type="checkbox"/> 690 Other LABOR <input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Mgmt. Relations <input type="checkbox"/> 730 Labor/Mgmt. Reporting & Disclosure Act <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Empl. Ret. Inc. Security Act	<input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157 PROPERTY RIGHTS <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 840 Trademark SOCIAL SECURITY <input type="checkbox"/> 861 HIA (13958) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(e)) FEDERAL TAX SUITS <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS - Third Party 26 USC 7609	<input type="checkbox"/> 400 State Reappointment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce/ICC Rates/etc. <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 810 Selective Service <input type="checkbox"/> 850 Securities/Commodities Exchange <input type="checkbox"/> 875 Customer Challenge 12 USC <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 892 Economic Stabilization Act <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 894 Energy Allocation Act <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 900 Appeal of Fee Determination Under Equal Access to Justice <input type="checkbox"/> 950 Constitutionality of State <input type="checkbox"/> 890 Other Statutory Actions
REAL PROPERTY <input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Tort to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property	CIVIL RIGHTS <input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/Accommodations <input type="checkbox"/> 444 Welfare <input type="checkbox"/> 440 Other Civil Rights	PRISONER PETITIONS <input type="checkbox"/> 510 Motions to Vacate Sentence Habeas Corpus <input type="checkbox"/> 530 General <input type="checkbox"/> 535 Death Penalty <input type="checkbox"/> 540 Mandamus & Other <input checked="" type="checkbox"/> 550 Civil Rights			

VI. ORIGIN (PLACE AN X IN ONE BOX ONLY)

- ☒ 1 Original Proceeding ☐ 2 Removal from State Court ☐ 3 Remanded from Appellate Court ☐ 4 Reinstated or Reopened ☐ 5 Transferred from another district (specify) ☐ 6 Multidistrict Litigation ☐ 7 Appeal to District Judge from Magistrate Judgment

VII. REQUESTED IN COMPLAINT:

☐ CHECK IF THIS IS A CLASS ACTION UNDER f.r.c.p. 23

DEMAND \$

Check YES only if demanded in complaint:

JURY DEMAND: ☐ YES ☐ NO

VIII. RELATED CASE(S) IF ANY (See Instructions):

JUDGE

Docket Number

DATE

SIGNATURE OF ATTORNEY OF RECORD